

LOUISIANA DEPARTMENT OF LABOR  
OFFICE OF REGULATORY SERVICES  
P. O. BOX 94186  
BATON ROUGE, LA 70804-9186

**EMPLOYER'S  
REPORT OF CHANGE**

Complete form online, print, then fax to 225-342-1943.

1. STATE ID NUMBER:	2. HAS BUSINESS CEASED OPERATION? YES NO
	2A. IF YES, COMPLETE SECTIONS B, C, AND/OR D AS APPLICABLE.
<b>PART A. CURRENT ACCOUNT INFORMATION</b>	<b>PART B. CHANGES TO ACCOUNT INFORMATION</b>
EMPLOYER NAME, DBA NAME & MAILING ADDRESS: 3A.	IF YOU HAVE A NAME CHANGE, ALSO ANSWER PART C 3B.
4A. PHYSICAL LOCATION OF BUSINESS IN LOUISIANA:	4B. PHYSICAL LOCATION OF BUSINESS IN LOUISIANA:
5A. BUSINESS PHONE NUMBER:	5B.
6A. BUSINESS FAX NUMBER:	6B.
7A. E-MAIL ADDRESS:	7B.
8A. LOUISIANA REVENUE NUMBER:	8B.
9A. FEDERAL ID NUMBER (FEIN):	9B. (ALSO ANSWER PART C)

IF FEIN CHANGE IS FOR NEW OWNER OR DUE TO CONTRACT WITH PEO/LEASING ORGANIZATION, ANSWER PART C.

**C. CHANGES IN OWNERSHIP OR OPERATIONS:**

YES NO

- HAS THE LEGAL STATUS OF YOUR BUSINESS CHANGED?  
(EXAMPLE: A BUSINESS CHANGES ITS LEGAL STATUS WHEN IT CHANGES FROM A SOLE PROPRIETOR TO A CORPORATION OR VICE VERSA)
- HAS THE BUSINESS NAMED IN # 3A PURCHASED ANOTHER BUSINESS?
- HAS THE BUSINESS NAMED IN # 3A BEEN SOLD?
- DO YOU HAVE A CONTRACT WITH A PEO/LEASING ORGANIZATION?

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS IN PART C, PROCEED TO PART D

**D. PROVIDE THE FOLLOWING INFORMATION:**

- EFFECTIVE DATE OF CHANGE:
- DATE LAST WAGES PAID FOR ACCOUNT IN # 3A:

ENTER INFORMATION ABOUT BUSINESS PURCHASED, NEW OWNER OR PEO:

- NAME:
- TRADE NAME / DBA NAME:
- STREET ADDRESS:
- CITY, STATE & ZIP CODE:
- CONTACT PERSON:
- PHONE NUMBER:

**E. NAME CHANGES FOR CORPORATE ENTITIES CANNOT BE UPDATED UNTIL YOU PROVIDE CERTIFICATION OF THE CHANGE FROM THE OFFICE OF THE SECRETARY OF STATE.**

ENTER THE NAME & PHONE NUMBER OF THE PERSON TO CONTACT REGARDING INFORMATION FOR THIS ACCOUNT.

SIGNATURE: PRINTED NAME:  
TITLE: PHONE:

NOTICE: YOU CAN NOW DIRECTLY POST YOUR JOB OPENINGS ON OUR  
WEB SITE  
WWW.LAWWORKS.NET